



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Peter David DAVIS

Serial No.: 10/049248

Group No.: 1626

Filed: MAY 6, 2002

Examiner: Rebecca L Anderson

For fee only

For: STILBENES WITH VASCULAR DAMAGING ACTIVITY

Attorney Docket No.: U013864-1

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO THE OFFICIAL ACTION OF JUNE 30, 2003

Sir:

This response is accompanied by a petition for a three month extension of term for response and a check for \$950.00.

In response to the Office action of June 30th, 2003, please amend the application as set out

A listing of the claims showing the amendments begins on page 2.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

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- ☐ transmitted by facsimile to the Patent and Trademark Office

Signature

JOHN RICHARDS

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Date: December 30, 2003

01/08/2004 CCHAU1 00000010 10049248
01 FC:1253 950.00 OP
01/08/2004 CCHAU1 00000010 10049248
02 FC:1202 396.00 OP
03 FC:1201 86.00 OP

11/08/2004 FRATERS 00000010 120425 10049248
01 FC:1201 172.00 DA

FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).*

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425



SIGNATURE OF PRACTITIONER

Reg. No. 31053

(type or print name of practitioner)

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